

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7586	2. Fiscal Year Covered From: 01 / 01 / 2004 Through 12 / 31 / 2004
3. Name and address of person filing. Name Joseph Loyacano	4. Name, file number, and address of labor organization. Name Asbestos Workers Local Union #53 Labor Organization File Number 011373
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any: room 200
Street 1344 St. Theresa	Street 2001 Veterans Memorial Blvd.
City Slidell	City Kenner
State Louisiana	State Louisiana
ZIP Code + 4 70460	ZIP Code + 4 70062-5466
5. Position in labor organization. Local Union Vice-President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____
7.b. Amount. _____	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the Instructions.)

Signer

On **8/14/05** Date

(504) 905-0928 Telephone Number

Name of Person Filing Joseph Loyacano

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Asbestos Workers Local #53 Welfare Fund

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any Room 201

Street 2001 Veterans Memorial Blvd.

City Kenner

State Louisiana ZIP Code + 4 70062-5466

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State Louisiana ZIP Code + 4 _____

11.a. Nature of such dealing.

The Local Union negotiates a Collective Bargaining Agreement with several area contractors. Through the CBA, contributions are paid by the signatory contractors to the Fund on behalf of covered employees. 2004 annual contributions

11.b. Approximate dollar value of such dealing. \$964,167

12.a. Nature of interest held or income received.

Registration fee to IF conference 12/01/2004-

12/04/2004-\$915

Lost Time wages for attending IF conference and

trustees meetings-\$536

Reimbursement expenses IF Conference-\$130

12.b. Amount. \$1,581

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment. \$0

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Asbestos Workers Local #53 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Room 201

Street 2001 Veterans Memorial Blvd.

City Kenner

State Louisiana ZIP Code + 4 70062-5466

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Louisiana ZIP Code + 4

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

11.a. Nature of such dealing.

The Local Union negotiates a Collective Bargaining Agreement with several area contractors. Through the CBA, contributions are paid by the signatory contractors to the Fund on behalf of covered employees. 2004 annual contributions

11.b. Approximate dollar value of such dealing.

\$1,018,973

12.a. Nature of interest held or income received.

Lost Time wages for attending trustee's meetings

12.b. Amount.

5389

Part B Continuation Page

B. Hold an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **Asbestos Workers Local #53 JAC**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., If any **Room 200**Street **2001 Veterans Memorial Blvd.**City **Kenner**State **Louisiana**ZIP Code + 4 **70062-5466****9. Business deals with:** a. Labor Organization b. Trust c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____

ZIP Code + 4 _____

11.a. Nature of such dealing.

The Local Union negotiates a Collective Bargaining Agreement with several area contractors. Through the CBA, contributions are paid by the signatory contractors to the Fund on behalf of covered employees. 2004 annual contributions

11.b. Approximate dollar value of such dealing.**\$54,675****12.a. Nature of interest held or income received.**

Reimbursement of lost wages for attending Board Meetings 2/18, 8/9 & 11/21 of the Trustees for this Fund . I am a Fund's Trustee for the Union

12.b. Amount.**\$457**